
Accreditation Report – Wellspring Inc., dba Wellfully**Date of Review: March 11-12, 2021****Overall Score: 84.9%****REVIEW PROCESS:**

Wellspring Inc., dba Wellfully (Wellfully) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) in regard to Substance Use Disorders on March 11 and 12, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures and personnel files, the client case record scores, and an overall cumulative score. The level of accreditation status is based on the overall cumulative score.

AGENCY SUMMARY:

Wellspring Inc., dba Wellfully (Wellfully) is a Substance Use Disorder agency located in Rapid City, S.D. The agency is seeking to renew accreditation for outpatient substance use disorder (SUD) services.

Burke Eilers is the current executive director. Wellfully's mission is to "provide health, recovery and development services to all adolescent youth". Not only do they provide outpatient substance use disorder services, but they are also a psychiatric residential treatment facility for adolescents, for which they are accredited by Joint Commission. Additionally, Wellfully reports that 92% of their clients are eligible for Medicaid, 78% of their clients have been involved with the Department of Corrections, and 74% of their clients have been deemed abused or neglected by Child Protection Services. This shows that they provide services for clients with a variety of needs.

Wellfully currently employs ten clinical staff, including one designated to provide intensive outpatient services. Wellfully's clinicians are provided various trainings, including but not limited to, Historical Trauma training, Native American Cultural training, and DSM-5 training.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

Interviews were completed with both agency staff and clientele. There were no concerns noted. Clients noted that they appreciate how the outpatient clinician holds them accountable and does not "sugar coat" their problems or excuses. Staff who were interviewed admitted that staff retention is difficult but thinks that Wellfully does well meeting the needs of their clients despite the relatively high turnover.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review however the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. Wellfully had a total of 12 responses from stakeholders. One stakeholder stated that Wellfully is always quick to complete chemical dependency evaluations, and Wellfully leadership is always quick to respond to questions or concerns. Another stakeholder stated that staff training needs to increase, and staff behavior needs to be more consistent. Yet another stakeholder reported that Wellfully provides "awesome" service to the community but needs to expand so they can help more people.

AREAS OF STRENGTHS:

Description: The following areas were identified as areas that the agency showed significant compliance.

1. According to ARSD 67:61:07:08 all programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder as they relate to the client's substance use disorder

All files reviewed contained thorough progress notes, and all progress notes met all requirements of ARSD 67:61:07:08. Worksheets completed by clients were included in the progress notes to show evidence of session content and client progress.

2. According to 67:61:07:10 an addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS. When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if possible.

All applicable files reviewed had complete and thorough discharge summaries.

AREAS OF RECOMENDATION:

Description: The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time however they are areas that if continued to be found on the next

accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:05:05 the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:
 1. Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
 2. The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003);
 3. The proper maintenance and handling of client case records;
 4. The agency's philosophical approach to treatment and the agency's goals;
 5. The procedures to follow in the event of a medical emergency or a natural disaster;
 6. The specific job descriptions and responsibilities of employees;
 7. The agency's policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and
 8. The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

Two of six applicable employee files reviewed did not have all orientation requirements in the file. Wellfully advised DSS staff that they recently moved their employee files to a new system. Wellfully indicated that all of the files in compliance had already been moved to the new system. It is encouraged for Wellfully to finish moving all employee files to the new system to bring those files into compliance.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position

or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:61:04:01 each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.

Wellfully does not have procedures for reviewing and updating their policies and procedures manual.

2. According to ARSD 67:61:02:20 an accredited agency shall notify the division director before: a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation.

An accredited agency shall give the division 30 days written notice of closure. The agency shall provide the division written documentation ensuring safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements for the continuation of services to clients by another accredited agency before the closing.

Wellfully does not have policy to contact the Division Director prior to change in agency director, reduction in services provided by the agency, and/or the impending closure of the agency.

3. According to ARSD 67:61:02:21 each accredited agency shall make a report to the division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and the intervention required to sustain life.

The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:

1. A written description of event;
2. The client's name and date of birth; and
3. Immediate actions taken by the agency.

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

Wellfully does not have a policy to report sentinel events to the division. Wellfully also does not have a root cause analysis policy to respond to sentinel events. Lastly, Wellfully does not have a policy to report to the division fire with structural damage or where injury or death occurs, partial or complete evacuation resulting from natural disaster, or loss of utilities for more than 24 hours.

4. According to ARSD 67:61:05:01 Tuberculin screening requirements for employees are as follows:
 1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous positive reaction to either test;
 2. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-Ray to determine the presence or absence of the active disease;

3. Each staff member, intern, and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of Myobacterium tuberculosis. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

4. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

Wellfully does not have policy regarding the two step TB test for new employees or subsequent requirements. Additionally, four out of five applicable employee files reviewed did not have record of first or second TB tests.

5. According to ARSD 67:61:07:04 the agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including:

1. The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS;

2. Procedure for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or clients who have not received services from an outpatient program in 30 days.

3. Procedure for the safe storage of client case records for at least six years form closure.

Wellfully does not have policies and procedures ensuring the closure and storage of client case records

6. According to ARSD 67:61:07:05 (11) an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and

diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following component:

11. Past or current indications of trauma, domestic violence, or both if applicable.

Three out of seven applicable assessments reviewed did not have documentation of past or current trauma or domestic violence, or lack thereof.

7. According to ARSD 67:61:07:07 the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for the retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:

1. The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

2. The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

3. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:

- a. Two calendar days for clinically-managed residential detoxification;
- b. 14 calendar days for early intervention services, intensive outpatient services, day treatment services, and medically monitored intensive inpatient treatment ;and
- c. 30 calendar days for outpatient treatment program and clinically managed low intensity residential treatment.

All eight applicable files reviewed were missing continued stay criteria in the following ways:

1. Documentation of the client meeting the continued service criteria for level 2.1 was not documented at least every 14 days.

2. There was no documentation of progress and reasons for retaining the client in the present level of care.

3. The individual plan of action did not address the reasons for retaining the client in the present level of care.

8. According to ARSD 67:61:05:12 each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

All applicable employee files reviewed had evidence of a Medicaid Exclusion List upon hire, but no applicable files had periodic checks of the Medicaid Exclusion List. ARSD does not define "routinely", but the Office of Licensing and Accreditation recommends checking the Medicaid Exclusion List for each employee at least annually so as to be in compliance with the rule. This was a recommendation in the 2018 review, and thus now becomes a plan of correction.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Wellspring Inc., dba Wellfully was last reviewed by the Department of Social Services, Office of Licensing and Accreditation on May 9, 2018. The 2018 review identified two areas of recommendation, one of which was resolved, and one of has become a plan of correction in 2021. The 2018 review also identified two plans of correction. One plan of correction was resolved, and one remains a plan of correction.

ACCREDITATION RESULTS:

Administrative Review Score: 77.6%

Combined Client Chart Review Score: 86.3%

Cumulative Score: 84.9%

	Three Year Accreditation (90%-100%)
X	Two Year Accreditation (70%-89%)
	Probation (69% and below)